## STATEMENT OF CHANGE OF REGISTERED AGENT AND REGISTERED OFFICE DOMESTIC LIMITED PARTNERSHIPAMENDMENT

Wyoming Secretary of State The Capitol Building, Room 110 200 W. 24th Street Cheyenne, WY 82002-0020 Phone (307) 777-7311/7312 Fax (307) 777-5339 E-mail: corporations@state.wy.us

_	Pursuant to the provisions of Wyoming's Uniform Limited Partnership Law, the undersigned limited part- p submits the following for the purpose of having on file its registered office and its registered agent in the f Wyoming.
1.	The name of the limited partnership is:
2.	The date of filing the Certificate of Limited Partnership is:
3.	The name of its registered agent is:
4.	The physical address of its registered office is:
	I hereby certify under the penalty of perjury that this information is true and correct.
Date: _	Signed:
	General Partner
*****	**************************************
Filing	Fee: \$50.00

lpraro - Revised 9/2003

## CONSENT TO APPOINTMENT BY REGISTERED AGENT

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Ι,	, voluntarily consent to serve as the
registered agent f	or
on the date shown	pelow.
The registe	red agent certifies that he is: (check one)
(a)	An individual who resides in this state and whose business office is identical with the registered office;
(b)	A domestic corporation or not-for-profit domestic corporation whose business office is identical with the registered office; or
(c)	A foreign corporation or not-for-profit foreign corporation authorized to transact business in this state whose business office is identical with the registered office.
Dated this	day of
	Signature of Registered Agent

Revised: 9/2003